

## Line #

1 Public Employer: City of Absecon

2 Employee Organization: PBA Local #77

3 Base Year Contract Term: 1/1/2012 - 12/31/2015

4 New Contract Term: 1/1/2016 - 12/31/2019

Number of Employees in Unit: 24

|   |                                     |   |
|---|-------------------------------------|---|
| 5 | <input checked="" type="checkbox"/> | Contract settled without neutral assistance     |
| 6 | <input type="checkbox"/>            | Contract settled with assistance of mediator    |
| 7 | <input type="checkbox"/>            | Contract settled with assistance of fact-finder |
| 8 | <input type="checkbox"/>            | Contract settled in Interest Arbitration        |

Yes ☐ No ☐

\$ 1722556

\$ 26698

|  |    |
|--|----|
|  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |

\$0

\$1749254

**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**

14 Total Base Salary Cost from Line 13: \$ 1749254

|    | Increases                                      | Year 1        | Year 2        | Year 3        | Year 4        | Year 5  | Year 6  |
|----|--|---------------|---------------|---------------|---------------|---------|---------|
| 15 | Effective Date<br>(month/day/year)             | <u>1/1/16</u> | <u>1/1/17</u> | <u>1/1/18</u> | <u>1/1/19</u> | <u></u> | <u></u> |
| 16 | Cost of Salary Increments<br>(\$)              | <u></u>       | <u></u>       | <u></u>       | <u></u>       | <u></u> | <u></u> |
| 17 | Salary Increase Above<br>Increments (\$)       | <u>63385</u>  | <u>83479</u>  | <u>67751</u>  | <u>81046</u>  | <u></u> | <u></u> |
| 18 | Longevity Increase (\$)                        | <u>6863</u>   | <u>640</u>    | <u>594</u>    | <u>1952</u>   | <u></u> | <u></u> |
| 19 | Total Increased Cost for<br>"Other" Items (\$) | <u></u>       | <u></u>       | <u></u>       | <u></u>       | <u></u> | <u></u> |
| 20 | Total Increase (\$)<br>(sum of lines 16-19)    | <u>70248</u>  | <u>84119</u>  | <u>68345</u>  | <u>79094</u>  | <u></u> | <u></u> |

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 301806 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 17 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4 % [Divide percentage on Line 22 by number of years of the contract]

**SECTION VI: Other Economic Items Outside Base Salary and Increases**

|    |                  | ←Increases→         |        |        |        |        |        |        |
|----|------------------|---------------------|--------|--------|--------|--------|--------|--------|
| 24 | Item Description | Base Year Cost (\$) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|    | Uniform          | 27600               | 27600  | 27600  | 27600  | 27600  |        |        |
|    | Education        | 24800               | 24800  | 24800  | 24800  | 24800  |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
|    |                  |                     |        |        |        |        |        |        |
| 25 | Totals (\$):     |                     |        |        |        |        |        |        |

**SECTION VII: Medical Costs**

| Insurance Costs |                         | Base Year | Year 1    |
|-----------------|-------------------------|-----------|-----------|
| 26              | Health Plan Cost        | \$ 368726 | \$ 380383 |
| 27              | Prescription Plan Cost  | \$        | \$        |
| 28              | Dental Plan Cost        | \$        | \$        |
| 29              | Vision Plan Cost        | \$        | \$        |
| 30              | Total Cost of Insurance | \$ 368726 | \$ 380383 |

**SECTION VII: Medical Costs (continued)**

|    |  |                  |                  |
|----|--|------------------|------------------|
| 31 | Employee Insurance Contributions           | \$ <u>112823</u> | \$ <u>113761</u> |
| 32 | Contributions as % of Total Insurance Cost | <u>31</u> %      | <u>30</u> %      |

33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Jessica Thompson  
Position/Title: City Administrator/CFO  
Signature: Jessica Thompson  
Date: 10/4/17

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

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